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FACSIMILE TRANSMITTAL SHEET

TO: Examiner Cybille Delacroix-Muirhel Group Art Unit 1614 U.S. Patent and Trademark Office	FACSIMILE NO.: (703) 746-5033 TELEPHONE NO.: (703) 306-3227
FROM: Karen Canaan, Reg. No. 42,382	FACSIMILE NO.: (650) 330-0980 TELEPHONE NO.: (650) 330-0900
DATE: August 5, 2003	PAGE 1 OF: 4
SUBJECT: In re Application of: Donnelly et al. Serial No.: 09/694,108 Filed: October 19, 2000 Title: "Administration of Resveratrol to Treat Inflammatory Respiratory Disorders" Attorney Docket No.: 7500-0010	CONFIRMATION COPY TO FOLLOW: NO

Thank you for your voice-mail message providing us with your fax number. Please enter the accompanying Request for Continued Examination (RCE) Transmittal with respect to the patent application identified above. A Transmittal Form and Fee Transmittal also follow.

Sincerely,
Karen Canaan, Reg. No. 42,382

WARNING: This facsimile message and accompanying documents are intended only for the use of the addressee indicated above. Information that is privileged or otherwise confidential may be contained therein. If you are not the intended recipient, you are hereby notified that any dissemination, copying, review, or use of the above message or the accompanying documents is strictly prohibited. If you have received this message in error, please notify us immediately by telephone or facsimile, and mail the original to us at the above address. Thank you.

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PTO/SB/21 (03-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/694,108
	Filing Date	October 19, 2000
	First Named Inventor	Louise Elizabeth DONNELLY
	Art Unit	1614
	Examiner Name	Cybill DELACROIX-MUIRHEI
	Attorney Docket Number	7500-0010

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> No fee due <input type="checkbox"/> Fee Transmittal <input checked="" type="checkbox"/> Fee(s) due <input checked="" type="checkbox"/> Fee Transmittal <input checked="" type="checkbox"/> Charge \$750.00 to Deposit Account No. 18-0580 <input checked="" type="checkbox"/> Charge any underpayment or credit any overpayment to Deposit Account No. 18-0580 <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement & Form(s) PTO-1449 <input type="checkbox"/> Copy(ies) of cited reference(s) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s):	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <u>Request for Continued Examination (RCE) Transmittal.</u>
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Name (print/type)	Karen Canaan	Registration No. (Attorney/Agent)	42,382
Telephone	(650) 330-0900		
Signature	<i>Karen Canaan</i>	Date	August 5, 2003

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to Examiner Cybill Delacroix-Muirhei in Group Art Unit 1614 of the USPTO at facsimile number (703) 305-3014 on August 5, 2003.			
Name (print/type)	Margaret K. Surridge	Date	August 5, 2003
Signature	<i>Margaret K. Surridge</i>	Date	August 5, 2003

PTO/SB/17 (01-03)

Approved for use through 04/30/2003. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2003

Effective 01/01/03. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT \$750.00

Complete if Known

Application Number	09/694,108
Filing Date	October 19, 2000
First Named Inventor	Louise Elizabeth DONNELLY
Examiner Name	Cybil DELACROIX-MUIRHEI
Group Art Unit	1614
Attorney Docket No.	7500-0010

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:

Deposit Account No.	18-0580
Deposit Account Name	Reed & Eberle LLP

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Charge any underpayment or credit any overpayments☐ Charge any additional fee(s) during the pendency of this application☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375	Utility filing fee	\$0
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	150	2005	80	Provisional filing fee	
SUBTOTAL (1)					\$0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
30	37 =	0 x	0 =
Independent Claims	3	0 x	0 =
Multiple Dependent		0 x	0 =

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claim in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue Independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	905	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	\$750.00
1802	900	1802	900	Request for expedited examination of a design application	

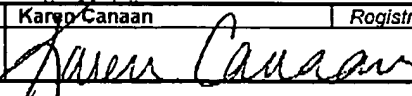
Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

\$750.00

SUBMITTED BY

Name (Print/Type)	Karen Canaan	Registration No. (Attorney/Agent)	42,382	Telephone	(650) 330-0900
Signature		Date	August 5, 2003		

PTO/SB/30 (10-01)

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	09/694,108
	Filing Date	October 19, 2000
	First Named Inventor	Louise Elizabeth DONNELLY
	Art Unit	1614
	Examiner Name	Cybillie DELACROIX-MUIRHEI
	Attorney Docket Number	7500-0010

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 CFR 1.114

- a. ☒ Previously submitted
- i. ☒ Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on April 28, 2003
(Any unentered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- iii. ☐ Other _____
- b. ☐ Enclosed
- i. ☐ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other _____

2. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
- b. ☐ Other _____

3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

- a. ☒ The Commissioner is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 18-0580.
- i. ☒ RCE fee required under 37 CFR 1.17(e)
- ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)
- iii. ☐ Other _____
- b. ☐ Check in the amount of \$ _____ enclosed
- i. ☐ RCE fee as required under 37 CFR 1.17(e)
- ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)
- iii. ☐ Other _____
- c. ☐ Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED

Name (Print/Type)	Karen Canaan	Registration No. (Attorney/Agent)	42,382-6
Signature	<i>Karen Canaan</i>	Date	August 5, 2003

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to Examiner Cybillie Delacroix-Muirhei in Group Art Unit 1614 of the USPTO at facsimile number (703) 305-3014 on August 5, 2003.			
Name (Print/Type)	Margaret K. Surridge	Date	August 5, 2003
Signature	<i>Margaret K. Surridge</i>		